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CITY OF WORCESTER

EDUCATION COMMITTEE

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Annual Report

upon the

School Health Service

for the Year

1960

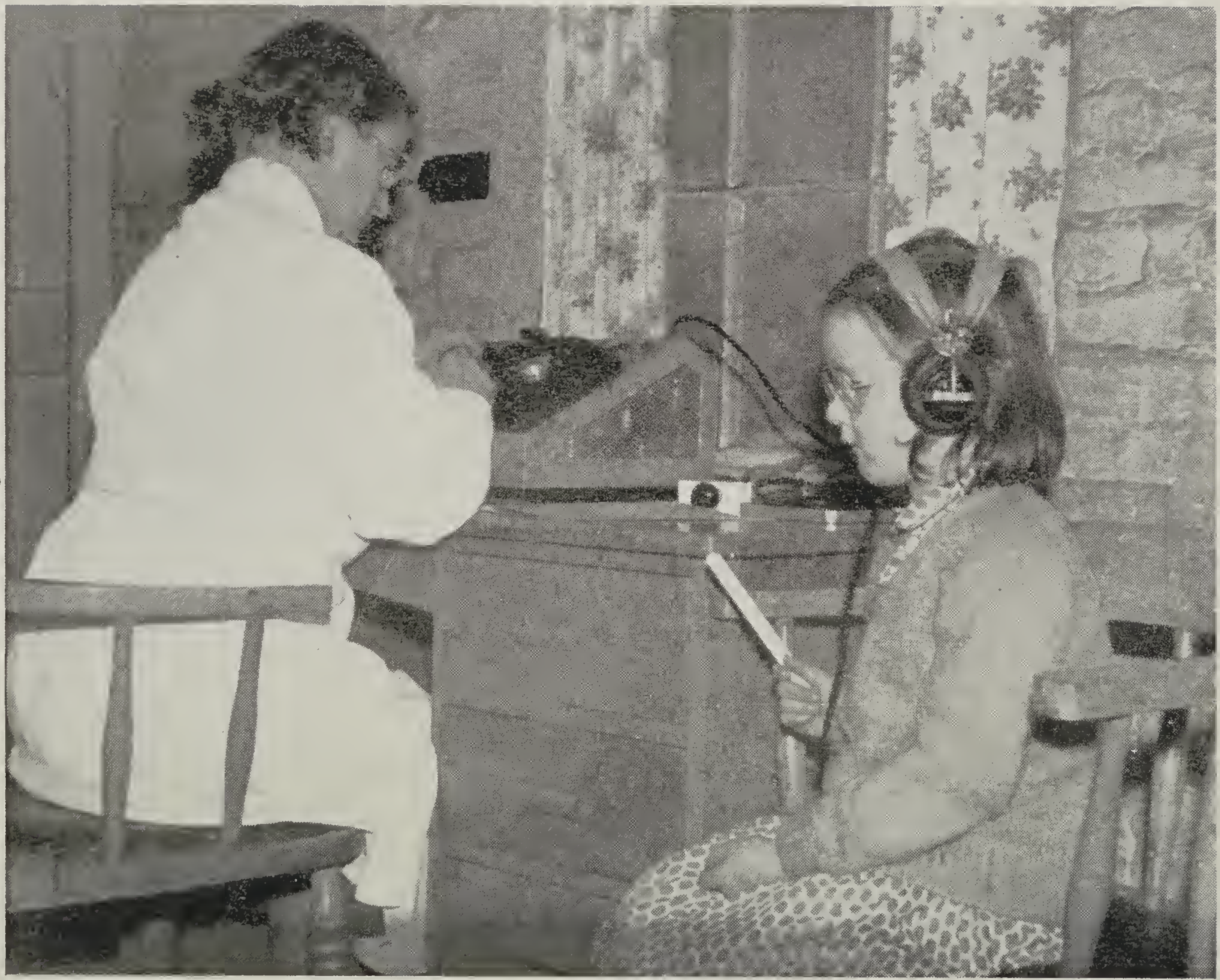
By

G. M. O'Donnell, B.A., M.B., D.P.H.
Principal School Medical Officer

CIVITAS IN BELLO ET PACE FIDELIS

With the Compliments
of the
Principal School Medical Officer

Church House,
The Cross,
Worcester.



AUDIOMETRY SESSION

CITY OF WORCESTER

EDUCATION COMMITTEE

Annual Report

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1960

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STAFF AT 31st DECEMBER, 1960

Principal School Medical Officer :

G. M. O'Donnell, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer :

Elizabeth G. Henderson, M.B., B.Ch., B.A.O., D.P.H.
(Commenced 1st January, 1960)

School Medical Officers :

Moira K. E. Allington, B.A., M.B., B.Ch., D.C.H.

Robert M. Laslett, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
(Commenced 5th April, 1960)

Child Psychiatrist :

J. J. Graham, M.B., Ch.B., D.P.M.
(Consultant, Birmingham Regional Hospital Board)

Principal School Dental Officer :

E. R. Dowland, L.D.S., R.C.S. (Eng.)

Dental Attendants :

Mrs. A. Wade
(Resigned 24th December, 1960)
Miss J. Cumberlidge
(Commenced 19th December, 1960)

Remedial Gymnast :

Miss S. Morris

Speech Therapist :

Miss B. R. Haddleton, L.C.S.T.

Superintendent Health Visitor/School Nurse:

Miss D. M. Catlin (a) (b) (c)

Health Visitor/School Nurses:

Miss N. A. Hardiman (a) (c) (d) (e)
Miss P. O. Viles (a) (b) (c) (f) (g)
Miss O. R. Jones (a) (b) (c) (f)
Miss B. A. Flint (a) (c) (d) (f)
Miss E. M. George (a) (c) (d)
Miss P. M. Gant (a) (b) (c)
Miss F. M. Kendrick (a) (b) (c) (f)

School Nurses (Temporary Appointments):

Mrs. M. B. Llewellyn Williams (a)
Mrs. M. L. Hayton (a) (b)

Senior Clerk:

Mrs. I. Fairbairn

Clerks:

Miss E. I. P. Prosser
Miss S. Boxall

(a) State Registered by Examination.
(b) Certificate of Central Midwives Board.
(c) Health Visitor's Certificate.
(d) Certificate of Central Midwives Board (Part I).
(e) Ear, Nose and Throat Certificate.
(f) Queen's Nurse.
(g) Registered Sick Children's Nurse.

ANNUAL REPORT FOR THE YEAR 1960
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the work of the School Health Service for the year 1960 I would first thank the Chairman and Members of the Primary and Secondary Education Sub-Committee and the Director of Education, Mr. T. A. Ireland, for the very generous support and encouragement they have given me during the year. My staff have worked hard and cheerfully in their vocations, and to them also I must express my gratitude, and in particular to the Deputy Principal School Medical Officer, Dr. E. G. Henderson.

Detailed comments on the many aspects of our work are included in the body of this report. While not overlooking our routine duties we have given a special attention to the discovery and ascertainment of handicapped children with particular reference to the deaf, educationally subnormal and maladjusted. I am happy to record that our diagnostic service for the deaf has been satisfactorily implemented, the results of which should justify a comprehensive report next year.

The Committee's decision to provide a chiropody service for school children is another notable advance, although even this is eclipsed by the prospect of a new school for the educationally subnormal. The provision of such a school, so greatly needed, would almost completely transform a large section of our work by ensuring a prompt and effective placement for each child in this numerous category.

In conclusion I should like to thank the teachers of the City for their patience and co-operation during the year. We are very conscious that only by gaining their confidence and interest can we effectively help the school children of this City.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

G. M. O'DONNELL,
Principal School Medical Officer.

NUTRITION

Year	1957	1958	1959	1960
Pupils Inspected	3,701	3,050	3,505	3,344
Unsatisfactory Condition .	31	35	29	40
% Unsatisfactory	·84	1·15	·83	1·2

PHYSICAL CONDITION OF PUPILS

In these days of national prosperity when Ceres cornucopia swells in unlimited abundance, it is natural that our children are tall and well-formed, animated of eye and skin, redolent of health and vitality. Admittedly a perfectionist might note that their teeth lack the opalescent patina of the artificial denture, but that is a matter soon remedied. In these days of soft amorphous food and unlimited sweets, natural teeth are but vestigial structures, archaic in purpose, and readily abandoned.

Feet unfortunately cannot be dispensed with so easily. Every effort is made by the fashionable adolescent to confine their size, distort their shape and restrict their usage, but they persist in growing larger and longer with each generation. Such contrariness cannot go unpunished and the School Health Service annually lists an impressive total of foot defects which presage worse affliction in the course of time. Knowing the almost universal need for chiropody amongst older generations, one might parody Hégésippe Moreau and say:—

'Scant welcome to straight toes they show
in the Country where the bunions grow.'

However, one must not be too exacting. When one compares a school group of today with the photographs of a similar group at the turn of the century, one cannot but be moved by the beauty and humour of the present compared with the solemn peaked faces of the past. Our children may be the hostages of the present, they are also our investment in the future and their excellent physical condition should be a source of great pride and justification to us.

LONDON SCHOOL OF HYGIENE * AND TROPICAL MEDICINE
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SCHOOL MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information: —

"A total of 1,115,828 meals were served during 1960 to children in maintained schools, an increase of 4·55% more than in 1959. In October, 1960, the number of children taking a meal was 50·5%. The daily average during September, 1961, is expected to be 6,200 meals.

"It is interesting to note from statistics released in 1959 that out of 30,559 schools or departments in England and Wales, only 501 were without the Service; and out of 6,507,474 children in schools throughout the country at present, 3,231,588 are having school meals.

"The meals continue to be supplied from 11 school kitchens and 1 central kitchen to 40 school departments. A total of 230 personnel are employed in the Service, which include 11 Supervisors, 18 Cooks, General Assistants and 40 Supervisory Assistants who help with children during the dinner period in the infant and junior departments.

"Progress has been maintained with improvements to the older kitchens by the provision of two canopies for steam extraction and a third is under construction. All working surfaces are of laminated plastic, except at the central kitchen which is due for closure this December.

"Refresher Courses have been held for Supervisors and Cooks by arrangement with the College of Further Education. Results have proved beneficial and further Courses have been arranged.

"To specify the contents of the school meal, its cost and nutritive value is comparatively easy. It is when one tries to assess the quality of cooking and of presentation and services that difficulties begin.

"If we analyse our standards we shall probably find that in matters of food and cooking, standards are based as much on personal experiences of eating as on technical training. In any but the most expensive of catering, it is difficult to get back to the high standard of ingredients we used before the war. Substitutes have crept into our kitchens, and by the younger generation of cooks they are frequently the only ingredients they know how to handle.

"It is hard to impress on staff who have no other experience that the average standard of cheap commercial catering is not good enough to provide a model for school meals. One learns much from the commercial caterer regarding presentation and finish, but one must not lose sight of the fact that nutrition, not profit is our aim."

HANDICAPPED PUPILS

A hundred years ago poverty and disease were on every hand. So overwhelming and universal was human suffering that one could compound with it only by indifference or fatalism. To the poor and the sick, life, with no hope of abating its infinite wearisomeness, was a treadmill to the grave. And yet, in a comparatively short space of time, the position has been almost reversed. True poverty is both rare and remarkable while illness has become discreet and seldom intrudes the public scene. Only perhaps in the grossly handicapped do we glimpse in diminuendo a commonplace of the Victorian era. Although nowadays everything that can be done to ease and comfort their lives is done promptly and willingly, the basic struggle for progress and achievement is still a personal one in which outside aid is an encouraging but not decisive factor. In this respect, in the loneliness of an incurable and severe handicap, the sufferer is at one with his peers of the past. Those of us with children sound in mind and body have few occasions to reflect on the strain and vicissitudes that encompass the handicapped. Only by conscious deliberation and study can we understand the tensions in a young life whose major triumphs may lie in the ability to dress unaided or demonstrate briefly and painfully an intelligence caged by physical infirmity.

Modern life is hectic and competitive. Even the healthy and well-endowed child reacts adversely to the constant and increasing pressures of a materialist and egocentric society. To the handicapped, of necessity geared to a slow and restricted tempo, the disparity between active and confined life becomes ever more marked.

(a) Blind: One boy of fifteen years attends the Royal Normal College, Rowton Castle, Shrewsbury. A girl aged thirteen years is placed at the Royal Institute for the Blind, Lickey Grange.

(b) Partially Sighted: Five boys are at Exhall Grange School, Coventry. There is one partially sighted girl at the Barclay School, Sunninghill.

(c) Deaf: Two boys and one girl are pupils at the Royal School for the Deaf, Birmingham, and a further girl attends Summerfield House, Malvern Link.

(d) Partially Deaf:

(i) At Residential Schools:

Two boys at the Royal School for the Deaf, Birmingham. One girl and one boy at Rangemore Hall, Needwood, Burton-on-Trent.

(ii) At Rose Hill Open Air School (double handicap): Three partially deaf boys attend Rose Hill Open Air School. They are also classified as delicate and two are educationally subnormal. Two of these three children wear hearing aids.

(iii) At Ordinary Schools:

20 boys, 20 issued with hearing aids.
16 girls, 11 issued with hearing aids.

Diagnostic Service for the Deaf:

As a corollary to the assessment of deafness in pre-school children, the Education Committee approved proposals for a diagnostic service for school children. These proposals were primarily intended to discover the number of deaf and partially deaf children in Worcester so that once the extent of the problem had been gauged, the most suitable type of educational facilities could be provided. The following scheme was agreed:—

1. Sweep testing of five year old children by School Medical Officers using a pure tone audiometer. Failure at more than one frequency on the 15 decibel range of hearing loss was adopted as the criterion for retesting and if confirmed, referral to the Ear, Nose and Throat Clinic.

2. Audiometric testing on a selective basis of older children referred by parents, teachers and doctors.

3. Audiometric testing of certain groups of children who have a defect associated with an above average incidence of deafness, e.g. cerebral palsy, educationally subnormal, speech defect.

4. A questionnaire survey by school nurses and where feasible, school welfare officers to be carried out in the course of their routine home visits.

5. Health education measures to inform teachers, nurses and parents of this work and to enlist their co-operation.

A Peters' pure tone audiometer was purchased towards the end of the year and a room at the School Clinic, partially sound-proofed to serve as an Auditory Centre. The School Medical Officers all received training in the use of the audiometer and the sweep survey and selective testing commenced at the beginning of 1961.

Hearing Aids:

Children wearing hearing aids who attend ordinary schools frequently have trouble with their aids and neglect to have this regulated. Often they refuse to wear the aids proffering excuses which their teacher, lacking technical knowledge of their instruments, must perforce accept. To obviate these difficulties, two of our school nurses have received training at the Ear, Nose and Throat Department of the Worcester Royal Infirmary in the checking and adjustment of hearing aids. These two nurses who have a particular interest in deafness and are also responsible for the screening tests of very young children, attend routinely, all schools where there are children with hearing aids, and will also visit specially at a teacher's request. This not only ensures that small defects such as clothes rub and feed back are dealt with expeditiously but also that unjustifiable attendances at hospital clinics are avoided.

I should like to thank Mr. I. W. MacGregor and Mr. T. S. Stewart, Consultant Ear, Nose and Throat Surgeons at the Worcester Royal Infirmary, for their ready and generous co-operation in these measures.

(e) Educationally Subnormal: 49 children were classified as educationally subnormal in 1960. Of these, 18 were girls and 31 boys. 24 were recommended for remedial teaching and 22 for admission to a special school. Seven had double defects and one was classified as unsuited for education at school.

Educationally subnormal children are educated according to their potentialities. Those with an Intelligence Quotient (I.Q.) of less than 70 and over two years retarded in school work almost invariably require special schooling.

The following measures of education are provided by the City:—

(i) At Residential Schools:

Sixteen boys and two girls attend Residential Schools for the Educationally Subnormal.

(ii) At Rose Hill Open Air School (double handicap):

	E.S.N. (boys)	E.S.N. (girls)
Delicate	5	3
Delicate and Partially Deaf	2	—
Physically Handicapped ...	2	3
Partially Sighted	1	—

(iii) At the Special Class at St. Paul's School:

Twenty-four pupils, twelve boys and twelve girls attend this class.

(iv) At Ordinary Schools:

Forty-six boys and twenty-eight girls classified as educationally subnormal attend ordinary schools in the City. With very few exceptions, these children have I.Qs. of over 70 and can cope in ordinary schools if sustained by remedial teaching. Their progress is carefully observed and re-assessment is carried out at two year intervals or earlier if requested by their head teachers.

The Education Committee agreed the attendance of Dr. R. M. Laslett, School Medical Officer at the 1961 Course for approval in the ascertainment of E.S.N. children. When Dr. Laslett completes this Course and is approved by the Ministry, all School Medical Officers of this authority will be qualified to examine and make recommendations in respect of this handicap.

(f) Epileptic Pupils:

At Residential Schools	1 boy	1 girl
At Rose Hill Open Air School ...	2 boys	1 girl
At Ordinary Schools	7 boys	4 girls
Classified as E.S.N.	3 boys	1 girl

The children attending ordinary schools are in the main sufferers from the petit mal form of the disease though two would be better described as having epileptic equivalents. They do not present a particular problem to their teachers although, as in most cases of epileptic variation, the condition does tend to exert a braking action on scholastic progress.

(g) Maladjusted Pupils: "Children are travellers newly arrived in a strange country. We should, therefore, make conscience not to mislead them". Locke.

Maladjustment is an ugly and ambiguous word but it is both appropriate and onomatopoeic as an embodiment of the various forms of emotional disturbance. Certainly the sinister prefix gives an immediate clue to its basic meaning for in its entirety, maladjustment is probably the most widespread malaise among children and one which grows in numbers and intensity each year. One cannot help feeling that our present way of life with its emphasis on material prosperity leaves in its wake a latent turbulence of which children are at once more sensitive and more affected. In a world where the difference between comfort and luxury is no longer recognised, the desire for possessions increases at pace, while the ability to distinguish their real value diminishes. Thus men and women will, with the best motives, work longer and longer hours to provide a good education or a more comfortable house for their children and by so doing deny them the most important asset of all, their presence, example, and discipline in the home. Children are given excessive pocket money and expensive toys which make little contribution to happiness, but sap the capacity for enjoyment, and the child's inherent ability to discover and invent its own particular forms of amusement. In the excitement and wonder of achieving better living conditions or an advance in social class, few people realise that these are often the only standards they communicate to their children and that a frenetic rush through life is made ridiculous by the inevitability of death. Possessions are an ephemeral memorial and confused misled children a tragic one. The tempo of our mode of life has undergone a frightening acceleration since the onset of this century, material rewards are well advertised, intrusive and incessant, and yet at the back of everyone's mind is a vague dream of almost pastoral quietude in which happiness is synonymous with simplicity. The happy child does not need a gadget festooned home or a surfeit of status symbols but does need as never before the company, security and affection of its parent. He needs their ideas, enthusiasms, and inconsistencies to fortify him in a strange world, to prepare him for the vagaries of an independent life and to whet and sustain his memory of them when they are dead.

During 1960, 66 City children received treatment at the County Child Guidance Clinic whose services we use on a per capita basis. I would thank Dr. J. J. Graham, Consultant Psychiatrist to the Clinic, and Dr. J. W. Pickup, County Medical Officer of Health for this arrangement.

Seven boys and two girls were formally reported to the Education Committee as maladjusted and of these, three were recommended for residential special schools, three were admitted to Rose Hill Open Air School and one boy was sent to an approved school by way of the Juvenile Court.

(h) Physically Handicapped: While the more severe cases of physical handicap are educated at Residential Schools, a considerable number of permanently crippled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils only, but it now serves quite satisfactorily as an educational venue for physically handicapped pupils whose condition has entered a chronic stage where active specialised medical treatment is not a daily necessity. As Rose Hill is a one storey school, these children can move about quite easily and the pleasing spacious grounds are a stimulus to both body and spirit. The staff have a long tradition in the care of physical defects and successfully maintain the atmosphere of an ordinary school blended with an essential encouragement and understanding.

Children at Residential Schools

Sex	Age	Condition
M	7	Multiple congenital deformities (Arthrogryphosis Multiplex
M	13	Epileptic
M	14	Muscular dystrophy
F	7	Spina bifida
F	13	Spastic
F	13	Spastic
F	14	Epileptic
F	16	Muscular weakness

Children at Rose Hill Open Air School

Condition	Male	Female
Asthma	2	2
Bronchitis	—	2
Chest	1	1
Cleft Palate	1	—
Deaf	2	—
Delicate	9	15
Dislocated Hips	—	1
Eczema	2	1
Educationally subnormal ...	4	4
Epilepsy	2	1
Heart	4	1
Maladjusted	2	2
Partially Sighted	2	—
Perthe's Disease	2	—
Physically Handicapped ...	1	1
Scoliosis	1	—
Spastic	1	1
Speech Defect	1	—
Spina Bifida	1	—
Tuberculosis contact ...	2	—
Tubercular Hip	1	—
Tubercular Knee	—	1

Children at Ordinary Schools

Sex	Age	Condition
M	8	Asthmatic
M	8	Congenital heart
M	8	Muscular dystrophy
M	11	Congenital heart
M	13	Spina bifida
M	13	Tubercular hip
F	5	Rheumatism and pericarditis with definite heart signs
F	6	Post poliomyelitis
F	7	Congenital heart
F	7	Cardiac
F	9	Congenital dislocation of hips
F	9	Spastic
F	11	Tubercular knee

It is an encouraging thought that many of the conditions detailed above are unlikely to recur in future. The benefit of immunisation against poliomyelitis, increasing skills in the medical and surgical care of heart and bone disease, and the rapid evanescement of tuberculosis should steadily diminish this section of the handicapped register.

(i) Delicate: I thank Miss P. Smith, Headmistress of Rose Hill Open Air School, for the following information:—

"In the year ending December, 1960, the average number of children on the roll was 74. The average attendance was 63.

"During the year, 26 new entrants were admitted and 30 children left. Four of the leavers were admitted to Residential Special Schools more fitted for the treatment of their particular disabilities. The enclosed tables specify the disabilities of both entrants and leavers.

"Each child in the school was examined on at least three occasions during the year. Arrangements for the attendance of Nurse Williams were revised, so that she was able to attend with greater frequency, especially during the latter part of the year. The new ultra violet lamp was brought into use and 61 children received graded treatment. Each child was weighed and measured at monthly intervals, and where a decline in weight was evident, action was taken to discover the cause and take remedial action. In several instances there was a noticeable decline in weight after school holiday periods had taken place.

"The children receive breakfast, lunch and tea at school. Discussions are at present in progress to arrange even more substantial menus for breakfast than those now in force. On medical recommendation some of the pupils receive extra nourishment from preparations such as bemax, virol and extra milk. All the children have daily cod liver oil and iron or adexolin. Where there are proved allergies to certain foods, action is taken to see that alternative foods are available.

"Where necessary children are bathed during school hours and each child has a personal comb, tooth-brush and towel. The children wash at least four times daily and clean their teeth after each meal.

"A daily rest period of one hour is spent in resting or sleeping under the supervision of a teacher. For this, canvas beds are set out in the school hall; with the sliding windows open an ample supply of fresh air is assured.

“In the last term of the year, a special class composed of educationally subnormal and retarded children was set up under the control of a male teacher. This appointment has also enabled gardening to be undertaken on a more intensive basis. Except in the most unsuitable weather, the children are outside for their gardening periods. Wellingtons, goloshes, mittens and woollen sweaters have been purchased for their comfort and protection.

“Miss B. R. Haddleton, L.C.S.T., the City Speech Therapist, has attended on one afternoon each week and has given individual treatment to seven children. One cannot but feel that the more severely handicapped cases would respond to a greater degree, were it possible for more time to be devoted to their treatment. Unfortunately, Miss Haddleton’s commitments are such that this would appear to be impossible.

“Miss S. Morris, the City Remedial Gymnast, has attended for one morning each week. The entire infant class has been given breathing and posture exercises. In addition she has given remedial treatment to other children. The total number of cases is 23 and the forms of disability are specified in a separate table. In all these cases the importance of correct breathing is emphasised and instruction given.

Children receiving remedial treatment from the Remedial Gymnast:

Asthma	5
Feet defects	7
Posture	10
Improvement of neuro-muscular co-ordination ...	1

“In addition, one ex-poliomyelitis case is receiving special treatment and is now having instruction in touch typing and secretarial practice.

Analysis of Disabilities of children entering school in 1960

	Male	*Female*
Asthma	—	2
Chest	1	—
Cleft Palate	1	—
Conjuntival Cataracts	1	—
Delicate	5	4
Educationally Subnormal	2	1
Maladjusted	—	2
Osteomyelitis	1	—
Otitis Media	—	1
Partially Sighted	1	—
Perthe's Disease	1	—
Spastic	1	1
Spinal (after Poliomyelitis)	1	—

Analysis of Disabilities of children leaving school in 1960

	Male	*Female*
Bronchitis	—	2
Chest	—	1
Delicate	4	6
Dislocated Hips	—	1
Educationally Subnormal	2	—
Epilepsy	2	1
Heart	1	1
Maladjusted	—	2
Perthe's Disease	1	—
Partially Sighted	1	—
Speech Defect	1	—
Spina Bifida	1	—
Tuberculosis Contact	1	—
Tubercular Knee	—	1"

(j) Speech Defects: Miss B. R. Haddleton, Speech Therapist, reports as follows:—

"*Statistics for 1960*

Number of children treated	128
(plus children treated indirectly, e.g. advice to parents or one lesson)	43
Number of children seen	250
Number of interviews	241
Number of treatment sessions	1,647
Number of home visits	16
Number of school visits other than treatment sessions at schools	9
Number of children discharged	64
(plus children discharged from waiting list as a result of parental teaching or spontaneous improvement)	61
Number of children awaiting treatment ..	136

"During 1960 the work of the speech clinic continued to be restricted by shortage of staff: however, as may be seen from the above figures, a little more time was given to visiting and interviewing parents than in previous years. With the present establishment of one Speech Therapist it has seemed that the greatest good to the greatest number can be offered by interviewing fairly large numbers of children and parents so that some advice may be given where it is not possible to offer treatment: it should be stressed, however, that this practice itself cuts down the time available for direct treatment.

"At the time of writing (September, 1961) all but eight of the children on the waiting list have been seen, but this does not mean that they are no longer in need of help.

"The publication of this report affords an opportunity for the Speech Therapist to clarify a term which gives rise to a good deal of confusion and some indignation when speech defects are described: the term is 'Nasal Speech'.

"The normal balance of resonance between mouth and nose can easily be disturbed; conditions which may bring this about include:—

- nasal and/or sinus infections;
- obstructions e.g. enlarged adenoids, polypi, deformed cartilages, paralysis or malformation of parts of the palate;
- states of fatigue or emotional disturbance;
- enlargement of the pharynx;
- dialect.

"Thus 'nasal' is a useful word to use when it comes to describing speech defects, but its usefulness does not lie in its versatility: it cannot mean its own antithesis.

'Nasal' voice—voice which is resonated too much in the nose.

Synonyms—hyper-nasal voice, hyper rhinophonia.

'De-nasal' voice—one which is not sufficiently resonated in the nose.

Synonyms—hypo-nasal voice, hypo rhinophonia.

Nasal escape—puffs of breath escaping through the nose during speech.

"This is simple enough until it comes to recognising by ear what is happening in a particular case, then it becomes difficult because mixtures can occur. A person, let us say, has a cold which prevents his pronouncing 'm', 'n' and 'ng', this is characteristic of hypo-nasal speech and he may have a hypo-nasal voice to go with it, but, by attempting to speak normally he may trap and strongly resonate his voice in the naso pharynx thus producing a hyper-nasal sound: if we then say to ourselves 'nasal equals as with a cold in the nose' it is easy to see what sort of a muddle is going to result."

INFECTIOUS DISEASE

1960, a year in which there was a notable increase in the incidence of sonne dysentery within the City. This overall increase was naturally reflected in the school population and many schools reported minor outbreaks. These were primarily dealt with by an intensification of hygiene measures, but no sooner was the situation resolved than a further incident would occur in another school in a different part of the town.

Fortunately sonne dysentery is a mild infection. However, it is extremely difficult to control from the public health view point and probably the most effective measures are early diagnosis and specific drug therapy to clear the bowels of the causative organisms.

One boy was admitted to hospital with paratyphoid 'B', accompanied by his sister who was found to be a symptomless excretor. Thorough examination of the rest of the family and of contacts was negative and the actual source of this infection was not discovered.

In view of the frequency with which school parties depart to visit the more popular continental countries and the likeliness that this form of group or au pair travel will increase in the future the two cautionary tales related below may be of value to us—(i) A school girl on an exchange visit to the fair land of France returns home in good health but is shortly afterwards admitted to hospital where paratyphoid 'B' is diagnosed and confirmed. The incubation period does not make clear whether the infection was acquired in a rural area of central France or during the comparatively short stay in Paris. (ii) A party of some 30 school boys accompanied by several school masters left on an organised trip to Rome. All but one of the boys had been immunised against enteric disease and should, therefore, be held to have reasonable protection against typhoid and paratyphoid. However, whilst in Rome one boy became ill and was admitted to hospital with an acute condition. During the convalescent period a further diagnosis of typhoid or paratyphoid was made and he was detained in Rome until long after the departure of his comrades.

It proved impossible for the Worcester School Medical Service to establish contact with the hospital concerned so that no exchange of information took place. However, when the patient eventually returned to England, laboratory tests suggested very strongly that the diagnosis of typhoid was incorrect.

I mention these two incidents because I think parents should understand that when children go to certain European countries, the risk of infection with gastro intestinal disease is still much higher than at home. Furthermore the standards of medical practice vary a great deal and the cost of treatment is often an eye-opener to those weaned on a free National Health Service.

Certainly it is a wise precaution to have children immunised against typhoid/paratyphoid with TAB vaccine some seven months before the journey abroad is entertained.

ROUTINE SERVICES

MEDICAL INSPECTIONS:

The statutory duty of periodic medical inspections consume the larger part of the school doctor's working hours. At each session twenty supposedly healthy children are examined and the findings noted on the individual record card Form 10M.

This form of health survey has been under criticism in recent years. It is held to be monotonous and time consuming, that in the search for trivial more serious defects are missed. and that information of value is often insufficiently recorded or even omitted from the record card.

All these critisms are fair to some extent. Throughout the country there are large numbers of doctors engaged in this work and one could feasibly imagine inadequacy, boredom, or overwork reducing a medical inspection to a mere formality. However, this would be true in only a minimum of cases and similar arguments could be adumbrated in every branch of the National Health Service. My own experience is that school medical inspections are rather like fly fishing, sometimes turgid, sometimes brisk and exciting, but always with the underlying interest implicit in a skill being applied to its right purpose. If a child is found healthy, everyone is pleased, minor defects can be rectified or at least prevented from deteriorating while the occasional severe undiagnosed condition seems in itself adequate justification. Allied to these is the chance of discussion with the parents—a host of problems and worries have been resolved through such brief encounters. Nevertheless, to my mind, the really important thing is that one has personal knowledge of each child and does not have to rely on second hand observation. There is a lot to be said in favour of selective examinations where children who have aroused adult concern are overhauled in a more leisurely fashion, but the great drawback is that one can never really depend on the selection which places an unequitable responsibility on teacher and parent.

In Worcester, the schools have now been divided between the school medical officers so that each doctor has his own list of schools. This has been done partly to evoke a mutual interest and partly to ensure more personal knowledge and continuity in medical care.

SCHOOL HYGIENE:

As the School Health Service naturally places so much emphasis on the personal aspect of the work regarding each child in the life of its own personality and capabilities, one is apt to forget the material considerations which are essential to the well-being of the group. The hygiene of the schools in the City is, of course, a most important feature in school health and this is supervised by both school medical officers and the public health inspectors. The construction of new schools and the high repute of the School Meals Service does much to lighten our responsibility. The renovation of older schools and, in particular, the construction of new sanitary annexes where required, are also of primary importance.

I am happy to say that the teachers in the City are always very alert to potential deterioration in school hygiene, informing this Department with expedition.

SCHOOL DENTAL SERVICE:

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports:—

> "During the year, 1,852 children were inspected at routine visits to 11 schools. In addition, 668 were inspected at the Clinic as specials and casuals.
>
> 'The amount of work necessary on each patient is considerable due to the long lapse of time between school inspections and, as in the case of many casuals, the missing of school inspections through changing schools.
>
> "The majority of casuals are the keenest of patients, who having discovered some dental lesion attend the Clinic and have all necessary treatment to become dentally fit. There is a minority who continually refuse treatment but attend expecting priority treatment for the relief of pain.
>
> "We were fortunate to obtain the services of two dentists on a sessional basis. In May four extra sessions were being worked each week but by the end of the year this had dropped to two.
>
> "These extra sessions brought the staff to 1·2 Dental Officers.
>
> "The number of extractions of both permanent and deciduous teeth shows a decrease.

"The figures for conservation work show an increase in the number of fillings in deciduous teeth. This is gratifying because in the past many parents have been antagonistic to this treatment of first teeth. I think this has been brought about by parents becoming aware of the chaos of irregularities caused by the premature extraction of deciduous teeth in older members of their families, and with younger mothers, interest is greater due to reviewing their own case.

"The number of dentures fitted was the same as in the previous year—23.

"Twenty-two of these cases were due to the accidental loss of teeth, and required small replacements. One case was full dentures for a thirteen year old girl, who was so nervous that conservative treatment had been impossible.

"Thirty-nine orthodontic cases were started during the year. Difficult cases requiring specialist opinion or complicated appliances were referred to the Worcester Royal Infirmary."

MEDICAL EXAMINATION OF TEACHING STAFF:

Nine entrants to the teaching profession and thirty-three candidates for training college were examined during the year.

EMPLOYMENT OF SCHOOL CHILDREN:

Our duty to ensure that no unfit child takes up part-time employment is underlined by the 284 examinations performed for this purpose in the course of 1960.

PREVENTION AND TREATMENT

1. B.C.G. Vaccinations:

A total of 1,063 children were vaccinated in 1960 of whom 142 were from non-maintained schools. It is interesting to note that more private schools are now taking the opportunity of availing of this service.

2. Tuberculosis in School Children:

One girl aged 6 years was notified as suffering from pulmonary tuberculosis. She was a contact of an adult case who had recently died of this disease.

3. Heaf Testing in individual cases:

The Heaf test was used when indicated as a useful adjunct in the examination of individual children whose case history indicated a possibility of tuberculosis.

4. Ultra-violet light therapy:

The new centrosol lamp at Rose Hill Open Air School was installed at the beginning of the year and has been in constant use since then. Apart from its tonic effect and the general feeling of well-being engendered, the children derive great pleasure from these treatment sessions—goggles, masks, green light and a background hum providing a suitable Martian or Venusian background.

Children receive treatment three times a week for four weeks and these courses are repeated during the Autumn and Winter months. 20 children aged five to seven years and 41 children aged seven to fifteen years attend.

5. Remedial Exercises:

I am indebted to Miss Shelagh Morris, the Remedial Gymnast, for the following report:—

> "During the past year, 724 children have been treated for minor defects. Of these, 253 were purely postural, 471 involving postural, foot, breathing and leg defects or a combination of two or more of these troubles.
>
> "Foot defects have slightly increased but it is too soon to amass fully, the results of the present type of footwear, which continues to deteriorate both in design and quality. The ridiculous pointed toes are now invading even the boys' schools, while one does not like to think of the harm caused to girls and women by the stiletto heels, allied to these cramped toes. One must wait until these girls reach middle life fully to endorse what we already know and to bring it home to a future generation but the deterioration in adolescent feet even now should surely be proof enough. It seems incredible in 1961, that this bowing to fashion should be allowed to endanger, not only the feet, but perhaps the entire health of the next generation of mothers, with consequent effects on their own children.
>
> "However, those of us who come into contact with foot defects are doing our best, quietly, to combat the harm. During the year films have been shown at several schools and parents invited and at other schools small groups of mothers have been to watch their children doing exercises. I am also trying to appeal to the older children themselves, by showing them films and giving them a talk on the danger of wrong footwear and faulty posture.

"A letter of invitation is now being issued to every parent whose child is receiving treatment, inviting them to come and see me at the school whenever they wish, so that they may see exactly what is being done and so be able to help more at home. In the case of infants, sheets giving details of simple exercises which can be done at home are also given to mothers.

"But I am still disappointed that more children are not being 'discovered' at the age of 8/9 years. I cannot help feeling that in the case of orthopaedic defects, this interim examination of all children on reaching 8/9 years is vital and would result in many defects being treated in their early stages. Besides being much more difficult to cure in adolescence, treatment is better received both by children and schools during this period. There is a certain understandable objection on the part of some teachers and children in secondary modern schools, at being taken from classes where special work is being done, when they feel treatment could have been given at a much earlier age. On the whole, these children, once the importance of curing such defects has been fully explained to them, respond very well and the percentage of cures is high, but some of the more difficult types of children are not helped by being singled out at a rather difficult age.

"Examination at the earlier age will not, of course, always prevent defects in these older age groups, since, as we know, such troubles can result quite quickly during adolescent development, but I do feel that in the majority of cases, the earlier discovery at 8/9 would show the beginnings of such faults which may not have been obvious at 5 years, and that it is too long to leave them until 11 or 12 and in some cases 14 or 15.

"I hope this may be possible in the near future, when I feel sure the subsequent numbers in the secondary modern schools will rapidly diminish and the number of children needing treatment for feet and posture will consequently be even more greatly reduced throughout the entire City."

6. Nocturnal Enuresis:

The Department has four buzzer alarms on loan for the treatment of this condition. During the year 11 children were given this form of therapy and in six instances the satisfactory control of the enuresis was obtained. In the five unsuccessful cases, the basic causes of failure were reported as follows:—

(i) Could not hear buzzer.

(ii) Buzzer pads of a new type were tried out but found to be defective. The pad was tried once again and returned and was taken out again on further trial.

(iii) Broken home—divorce and re-marriage.

(iv) Child accepted on outside advice but probably too young for successful treatment.

(v) Rather crowded house, other children sleeping in bedroom were disturbed by it.

7. Minor Ailment Clinic:

These clinics are held daily at Tudor House in Friar Street, a doctor as well as a nurse being present on Tuesdays and Saturdays. During the year 211 children attended for treatment which is a clear indication that these clinics no longer serve a useful purpose.

8. Accidents involving School Children:

I am grateful to the Chief Constable and his staff for this report:—

"During 1960, 53 school children of this City were involved in road accidents. One proved fatal, 12 were recorded as 'serious', whilst the remaining 40 were 'slight', that is accidents where only minor injury occurred.

"The overall figure is a decrease of two on the year 1959, but there was an increase of five on the serious accidents.

"Unfortunately, as in 1959, one child was fatally injured whilst riding a pedal cycle.

"There was a total of 461 injury accidents in this City during the year 1960, so the figure 53, is a small percentage involving school children.

"Of the school children involved in accidents, 22 were pedal cyclists, 29 pedestrians and the two remaining passengers in vehicles.

"As in previous years, all children, when commencing school in this City are given primary Road Safety instruction by their teachers, particular attention being given to 'Kerb Drill', this training is supplemented by the display of Road Safety posters supplied by the Royal Society for the Prevention of Accidents.

"Cycle training for children in the 10-14 year class is given at a number of schools in the City; the instructors being volunteers from the Midland Red 'Bus Company, whilst the courses and tests are arranged and supervised by Mr. Platts, headmaster of one of the City schools, and Sergeant E. Blakemore, City Police.

"During the year 1960, 288 pedal cyclists received Cycling Proficiency Certificates and it is pleasing to record that still greater interest is being taken by the School Authorities in this valuable training to school children."

SCHOOL MEDICAL INSPECTION STATISTICS

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1961 11,465

PART I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

Table A.—Periodic Medical Inspections.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1956 and later	58	58	100·00	—	—
1955	358	349	97·49	9	2·51
1954	429	421	98·14	8	1·86
1953	140	134	95·71	6	4·29
1952	18	18	100·00	—	—
1951	10	10	100·00	—	—
1950	11	11	100·00	—	—
1949	350	344	98·29	6	1·71
1948	617	610	98·87	7	1·13
1947	210	210	100·00	—	—
1946	306	306	100·00	—	—
1945 and earlier	837	833	99·52	4	·48
TOTAL ...	3,344	3,304	98·8	40	1·2

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1956 and later	—	10	9
1955	11	129	100
1954	12	90	86
1953	9	19	26
1952	1	5	6
1951	3	4	6
1950	1	1	2
1949	36	82	103
1948	72	125	174
1947	15	43	50
1946	33	58	87
1945 and earlier	110	136	228
TOTAL ...	303	702	877

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	1,952
Number of Re-inspections	486
Total ...	2,438

TABLE D.—INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	24,975
(ii)	Total number of individual pupils found to be infested ...	186
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	123
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

DEFECT OR DISEASE	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	10	5	28	2	31	1	69	8
Eyes—*a.* Vision	36	61	141	16	126	36	303	113
b. Squint	23	7	14	2	17	5	54	14
c. Other	9	2	3	2	5	1	17	5
Ears—*a.* Hearing ..	5	35	7	9	16	13	28	57
b. Otitis Media ..	7	49	—	3	1	13	8	65
c. Other	2	5	3	—	3	3	8	8
Nose and Throat ..	11	108	2	6	9	18	22	132
Speech	17	14	7	—	4	1	28	15
Lymphatic Glands ..	1	45	—	1	2	9	3	55
Heart	—	14	2	2	—	8	2	24
Lungs	2	25	1	5	—	6	3	36
Developmental—								
a. Hernia	3	5	—	2	1	1	4	8
b. Other	3	16	2	—	7	7	12	23
Orthopædic—								
a. Posture	25	5	64	—	70	—	159	5
b. Feet	82	11	28	2	58	5	168	18
c. Other	22	2	12	2	25	3	59	7
Nervous System—								
a. Epilepsy ..	2	1	2	—	4	—	8	1
b. Other	—	3	2	1	2	5	4	9
Psychological—								
a. Development ..	5	9	—	2	—	1	5	12
b. Stability ..	—	5	1	1	1	5	2	11
Abdomen	3	5	1	—	2	3	6	8
Other	2	8	—	1	1	8	3	17

TABLE B.—SPECIAL INSPECTIONS.

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	171	7
Eyes—*a.* Vision ..	102	53
b. Squint ..	52	9
c. Other	14	—
Ears—*a.* Hearing ..	51	54
b. Otitis Media ..	20	38
c. Other	14	9
Nose and Throat ..	49	105
Speech	21	11
Lymphatic Glands ..	7	60
Heart	7	30
Lungs	11	42
Developmental—		
a. Hernia ..	4	5
b. Other	14	23
Orthopaedic—		
a. Posture ..	121	3
b. Feet	198	14
c. Other	83	17
Nervous System—		
a. Epilepsy ..	8	6
b. Other	1	9
Psychological—		
a. Development .	26	17
b. Stability ..	—	14
Abdomen	2	8
Other	5	14

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	65
Errors of refraction (including squint) ..	690
Total	755
Number of pupils for whom spectacles were prescribed	407

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear ..	12
(*b*) for adenoids and chronic tonsillitis	106
(*c*) for other nose and throat conditions	19
Received other forms of treatment ..	38
Total	175
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1960	8
(*b*) in previous years	21

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(*a*) pupils treated at clinics or out-patients departments	562
(*b*) pupils treated at school for postural defects	253
Total ..	815

TABLE D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated
Ringworm (*a*) Scalp	—
(*b*) Body	2
Scabies	9
Impetigo	9
Other Skin Diseases	241
Total ..	261

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	66

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists . .	171

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	211
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	8
(*c*) Pupils who received B.C.G. vaccination	921
(*d*) Other than (*a*), (*b*) and (*c*) above.	
(i) Audiometric examinations 5 year old sweep	63
(ii) Special examination at Audiometric centre	50
(iii) Ultra violet light therapy clinic at Rose Hill Open Air School	68
Total (*a*) — (*d*) . .	1,321

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :—		
	(*a*) At Periodic Inspections	1,863	
	(*b*) As Specials	668	2,531
(2)	Number found to require treatment		1,852
(3)	Number offered treatment		1,852
(4)	Number actually treated		1,584
(5)	Number of attendances made by pupils for treatment including those recorded at 11 (*h*)		3,662
(6)	Half-days devoted to :		
	(*a*) Periodic (School) Inspection	11	
	(*b*) Treatment	540	551
(7)	Fillings :		
	(*a*) Permanent Teeth	1,932	
	(*b*) Temporary Teeth	121	2,053
(8)	Number of Teeth filled :		
	(*a*) Permanent Teeth	1,828	
	(*b*) Temporary Teeth	118	1,946
(9)	Extractions :		
	(*a*) Permanent Teeth	553	
	(*b*) Temporary Teeth	1,173	1,726
(10)	Administration of general anaesthetics for extraction		584
(11)	Orthodontics :		
	(*a*) Cases commenced during the year		39
	(*b*) Cases brought forward from previous year		—
	(*c*) Cases completed during the year		18
	(*d*) Cases discontinued during the year		2
	(*e*) Pupils treated by means of appliances		10
	(*f*) Removable appliances fitted		10
	(*g*) Fixed appliances fitted		—
	(*h*) Total attendances		118
(12)	Number of pupils supplied with artificial teeth		23
(13)	Other operations :		
	(*a*) Permanent Teeth	330	
	(*b*) Temporary Teeth	58	388

HANDICAPPED CHILDREN'S TABLE

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handi-capped		(7) Education-ally sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
During the calendar year ended 31st December, 1960 :—											
A. Handicapped Pupils newly placed in Special Schools (other than hospital special schools) or Boarding Homes ...	1	2	—	—	18	6	3	2	1	1	34
B. Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ...	1	1	—	—	18	3	13	3	1	—	40

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handi-capped		(7) Education-ally sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
On or about 20th January, 1961 :											
C. Number of handicapped pupils from the area—											
(i) were on the registers of maintained special schools as											
(*a*) Day Pupils	—	1	—	—	43	15	6	3	—	—	68
(*b*) Boarding Pupils	—	5	—	2	—	2	13	—	—	—	22
(ii) were on the registers of non-maintained Special Schools as											
(*a*) Day Pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding Pupils	3	1	3	2	—	3	4	—	2	1	19
(iii) were on the registers of independent schools under arrangements made by the Authority	—	—	1	—	1	1	—	—	—	—	3
(iv) were boarded in Homes and not already included in (i) (ii) (iii) ...	—	—	—	—	—	—	—	—	—	—	—
TOTAL C	3	7	4	4	44	21	23	3	2	1	112
D. Were being educated under arrangements made under Section 56 of the Education Act, 1944											
(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes) ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	—	—	—	—	—	—

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
On or about 22nd January, 1961 :											
E. Handicapped Pupils from the area requiring places in Special Schools											
(i) Total											
(*a*) Day	—	—	—	—	—	—	18	—	—	—	18
(*b*) Boarding	—	2	—	—	—	—	11	1	—	—	14
Number of Pupils included in the totals above :											
(ii) who had not reached the age of 5											
(*a*) awaiting day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) awaiting boarding places ...	—	—	—	—	—	—	—	—	—	—	—
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school											
(*a*) awaiting day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) awaiting boarding places ...	—	1	—	—	—	—	1	—	—	—	2

(F) Were on the registers of hospital special schools 1

(G) (i) Number of children reported to the local health authority during the calendar year ended 31st December, 1960—

(*a*) *either* under Section 57 (3) (prior to 1st November 1960) *or* under Section 57 (4) (from 1st November, 1960) 15

(*b*) under Section 57 (5) prior to 1st November, 1960 1

(ii) Number of decisions that a child is unsuitable for education at school cancelled under Section 57A (2) —

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